



COMMONWEALTH of VIRGINIA

Department of Health – Office of Epidemiology

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Since the end of influenza season in May, the Virginia Department of Health (VDH) has received increased reports of respiratory illness across the Commonwealth greater than observed in previous summers. Residents of long-term care facilities (LTCF) and other residential or day programs can experience severe and fatal illness because of commonly circulating respiratory pathogens. This guidance outlines recommendations to control viral and bacterial respiratory outbreaks in Virginia, including influenza outbreaks. Any suspected outbreaks should prompt immediate action and response as outlined below. Thank you for your efforts to keep your residents and staff healthy. Please call your local health department (LHD) <http://www.vdh.virginia.gov/local-health-districts/> with any questions.

Definition of a Respiratory Outbreak in Long-Term Care Settings

1. Two or more residents of the same wing or unit develop respiratory illness within 72 hours of each other **OR**
2. One laboratory-confirmed case (e.g. influenza, respiratory syncytial virus, parainfluenza, human metapneumovirus, adenovirus, *Haemophilus influenza*, invasive group A streptococcus) in a resident along with other cases of respiratory illness in the same wing or unit **OR**
3. An increase over the normal background rate of acute respiratory illness cases, with or without fever, overlapping in place or time

Note elderly persons and other long-term care residents, including the medically fragile, may manifest atypical signs and symptoms and may not have fever.

Action Steps

The following steps should be taken immediately by the LTCF with LHD coordination when respiratory outbreaks are suspected:

Testing and Reporting

- The LTCF should report every suspect or confirmed respiratory outbreak to their LHD. Refer to the Virginia Reportable Disease List http://www.vdh.virginia.gov/content/uploads/sites/13/2018/11/Reportable_Disease_List.pdf
- Develop a plan for respiratory pathogen testing with your LHD. The Division of Consolidated Laboratory Services (DCLS) may be able to provide testing support to confirm outbreak etiology.
- Conduct active surveillance for respiratory illness among residents, staff, and visitors until at least one week after the last known illness has occurred.

Infection Control

- Institute **droplet precautions** as appropriate, including the use of surgical masks upon entering the resident's room and eye protection during procedures and activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions. In addition, **contact precautions** are recommended for respiratory outbreaks in residential facilities when the pathogen is unknown, due to high frequency of direct and indirect contact. **Droplet and contact precautions should be maintained until the pathogen has been identified and pathogen-specific instructions are made.**
- Post hand hygiene signs and provide alcohol-based handrub. See examples here <https://www.cdc.gov/handhygiene/campaign/promotional.html>
- Emphasize respiratory hygiene and cough etiquette. Provide tissues and surgical masks at facility entrances and common areas. For more guidance see <https://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>
- Review influenza vaccination status of residents and staff. Vaccinate all unvaccinated residents with the current seasonal influenza vaccine unless medically contraindicated. Offer vaccination to staff at no charge.
- If influenza is suspected or confirmed, consult with the facility medical director regarding antiviral treatment and prophylaxis.
- If a bacterial pathogen is suspected or confirmed, consult with the facility medical director regarding antibacterial treatment and prophylaxis.
- Cohort and/or isolate ill residents as feasible. Limit group activities. Restrict symptomatic residents to their rooms except for medically necessary purposes.
- Restrict ill staff from resident care for at least the duration of their illness. Restrict movement of other staff between resident units.
- Apply the facility policy for restriction of ill visitors; consider restriction of all visitors. Provide communication about the outbreak to visitors and families.
- Implement the facility policy for limiting or deferring new admissions as appropriate.
- Educate staff on the signs and symptoms of various respiratory pathogens, testing procedures, and appropriate control measures.

Additional Information

- VDH Influenza Information for Healthcare Professionals and Facilities
<http://www.vdh.virginia.gov/epidemiology/influenza-flu-in-virginia/influenza-information-for-healthcare-professionals-and-facilities/>
- Centers for Disease Control and Prevention (CDC), Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities
<https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm>

- Clinical Practice Guidelines by the Infectious Diseases Society of America: 2018 Update on Diagnosis, Treatment, Chemoprophylaxis, and Institutional Outbreak Management of Seasonal Influenza <https://www.idsociety.org/practice-guideline/influenza/>
- CMS and CDC Nursing Home Infection Preventionist Training Course (2019) https://www.train.org/cdctrain/training_plan/3814